

Rhode Island CFCM Implementation

Stakeholder Follow-up

May 30, 2023

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Agenda

- 1. Introductions and Ground Rules (5 minutes)**
- 2. New Editions – CMS Technical Advisory Team (35 minutes)**
- 3. Addressing Key Questions and Themes from the Last Stakeholder Meeting on 5/11 (20 minutes)**
- 4. Q&A (30 minutes)**

Meeting Purpose:

1. Provide access to New Editions – CMS technical advisor assigned to assist the State.
2. Address unanswered questions and key themes raised during the State's last stakeholder meeting on May 11.
3. Obtain additional input from attendees regarding key concerns and future needs.

Introductions -

1. **Moderator:** Dustin Schmidt from Guidehouse. Guidehouse is providing technical assistance to RI EOHHS as it implements CFCM.
2. **State LTSS Redesign Team:**
 - EOHHS: Ann Martino, Linnea Tuttle, Keavin Duffy, Karen Statser, John Bonin, Elaine Choiniere
 - OHA: Michelle Szylin, Melody Rodrigues
 - BHDDH: Brenda DuHamel, Heather Muncie, Kevin Savage
 - DHS: Rose Leandre, Ramona Rodriquez
3. **New Editions:** The Centers for Medicare & Medicaid Services (CMS) contracts with New Editions Consulting, Inc. to provide technical assistance to States at all stages of program development and implementation. This includes determining which authority will best meet their needs, understanding CMS requirements and designing their programs accordingly.
 - For additional information, visit: [Technical Assistance to States for Home and Community-Based Services \(HCBS\) | New Editions Consulting, Inc.](#)

Meeting Ground Rules

To support a constructive meeting environment, we have established and ask all attendees to agree to the following ground rules for this and future stakeholder meetings:

1. We are recording this meeting with the intention of posting the webinar recording to the RI EOHHS website. Please be cognizant of sharing any personal information either verbally or in the chat throughout the meeting.
2. **Respect each other:** Help us to collectively uphold respect for each other's experiences and opinions. This includes muting yourself during the presentation!
3. **Respect the time:** Our time together is limited and valuable, so please be mindful of the time and of others' opportunity to participate. We will limit each question and answer to 3 minutes!
4. **Addressing your questions and comments:**
 - a. The presenters will answer your questions during the dedicated Q&A portion of the presentation.
 - b. Please submit your questions or comments in the chat or use the "Raise Hand" feature to indicate you would like to voice a question or comment.
 - c. We will monitor the chat to pull out questions. Please be respectful and focus on the issues.
 - d. If we run out of time for all questions, place your question in the chat. We'll add it to our questions and answers log which will be posted to the RI EOHHS website.
 - e. The State can not answer any questions regarding its pending CFCM RFP.

New Editions



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Insights from New Editions

Key topics to address:

1. Purpose of conflict free case management including person-centered planning from CMS's perspective.
2. Definition of conflict of interest and examples.
3. Any willing and qualified provider requirements and limitations
4. State obligations if someone refuses to work with a CFCM entity (i.e., the state must provide CFCM for HCBS to be provided).
5. How CFCM improves access, quality and outcomes.

Q&A Follow-up



Q & A Follow-up

Certain themes emerged in the questions we received. Responses will be posted on the CFCM webpage by June 2, 2023.

1. Purchasing Strategy Rationale
2. Workforce and Capacity Issues – Limits due to procurement underway
3. Contingency Planning – Stakeholders will be engaged
4. What is **NOT** changing:
 - a. Application and functional assessment process
 - b. Manner in which scope of services (hours, tiers, budget) are determined
 - c. Role of providers in implementing person-centered plans

Process to Receive CFCM



Reminder: Available Materials

All materials describing Rhode Island's CFCM strategy and implementation activities are posted on the RI EOHHS website: [Conflict-Free Case Management](#) | Executive Office of Health and Human Services (ri.gov).

Program Resources

	Corrective Action Plan (CAP) Letter from Centers for Medicare & Medicaid Services (CMS) March 21 2023 PDF file, less than 1mb	↓
	CAP Implementation of CFCM Updated May 8 2023 PDF file, less than 1mb	↓
	RI CFCM Flyer for Participants May 11 2023 PDF file, less than 1mb	↓
	RI CFCM Strategic Plan Updated April 14 2023 PDF file, about 2mb	↓
	RI CFCM Fact Sheet April 2023 PDF file, less than 1mb	↓
	RI Conflict of Interest Fact Sheet April 2023 PDF file, less than 1mb	↓
	RI CFCM Decision Matrix Feb. 2023.pdf PDF file, less than 1mb	↓
	RI CFCM Strategic Plan Presentation Dec. 2022.pdf PDF file, less than 1mb	↓
	RI CFCM Stakeholder Feedback Dec. 2022.pdf PDF file, less than 1mb	↓

MEDICAID HCBS: CONFLICT-FREE CASE MANAGEMENT (CFCM) FACT SHEET

CFCM Fast Facts

Purpose: CFCM will help Medicaid HCBS participants gain access to services, maintain independence at home, and maximize their well-being.

Included: CFCM is mandatory for all HCBS participants who receive Medicaid Long-Term Services and Supports (LTSS) or are eligible to receive Medicaid LTSS via fee-for-service at home or in a community setting.

Excluded: HCBS participants who are excluded from the CFCM services system are generally receiving case management and care planning services through an entity that meets or is not subject to the federal conflict of interest provisions. HCBS participants not included in this initiative include:

1. Public guardians
2. Kiosk-based eligible children
3. One Medicaid income-eligible children who receive Medicaid services at home or in the community under the Medicaid State Plan (SPST) provision
4. Medicaid Managed Plan (MMP) for Elders and Adults with Disabilities (EAD) participants who decide to receive HCBS from their MCO
5. Nursing Home Transition Program (NHTP) including Money Follows the Person (MFP)
6. Integrated Health Home
7. The Office of Healthy Aging at Home Care Share Program

What is Changing:

- Current delivery and standards of Medicaid HCBS case management

What is Not Changing:

- Access to services
- Medicaid eligibility process
- Local knowledge and expertise

What is Conflicting?

42 CFR 441.720(b): Requires that case management activities, including the development of the person-centered plan, must not be performed by any individual or entity who is employed by or has an interest in or is employed by a provider of services included in the person-centered plan.

42 CFR 431.10: Eligibility determinations can only be conducted by a government agency.

Conflict of Interest in Rhode Island: Approximately 7,500 of RI's Medicaid HCBS participants, who fall under CMS's HCBS Final Rule, receive case management that is not conflict-free.

CONFLICT OF INTEREST UNDER MEDICAID HCBS FACT SHEET

Conflict of Interest Fast Facts

Definition: Conflict of interest is when a person has competing influences that could affect a decision or action.

Federal Requirements

42 CFR 431.30(c)(2)(v)(ii): Providers of HCBS for the individual or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan.

42 CFR 441.720(b): Requires that case management activities, including the development of the person-centered plan, must not be performed by any individual or entity who is employed by or has an interest in or is employed by a provider of services included in the person-centered plan.

42 CFR 431.10: Eligibility determinations can only be conducted by a government agency.

Conflict of Interest in Rhode Island: Approximately 7,500 of RI's Medicaid HCBS participants, who fall under CMS's HCBS Final Rule, receive case management that is not conflict-free.

WHAT IS CONFLICT-FREE CASE MANAGEMENT?

Conflict-free case management (CFCM) means that the entity assisting a participant to gain access to services is different and separate from the entity providing those services (e.g., a home and community-based (HCBS) provider agency). In a potential conflict may exist if the same entity is providing both case management and the related services. The Centers for Medicare and Medicaid (CMS) established CFCM to promote participant choice and independence by limiting conflicts or unconscious bias by a case manager when assisting a participant to access services.

WHAT IS CONFLICT OF INTEREST?

Conflict of interest refers to a real or seeming incompatibility between the private interests and the official responsibilities of a person in trust. In other words, a conflict of interest is when a person has competing influences that could affect a decision or action.

HOW DOES CONFLICT OF INTEREST APPLY TO MEDICAID HCBS?

CMS requires that providers of Medicaid home and community-based services (HCBS) or those who have an interest in or are employed by a provider of Medicaid HCBS, may not provide case management to or develop the person-centered plan for participants receiving services. CMS requires that case management is delivered by a manager who does not provide direct services.

Conflict of interest does not apply to:

1. State agency staff (unless the state is to or married to the participant)
2. Medicaid programs that have authority managed care)

CMS EXAMPLES OF CONFLICT OF INTEREST

1. **Self-Referral:** An organization provides direct services to the same participant organizations that could also serve as a provider of HCBS. This organization also has a potential incentive to refer that participant to its own organization as it could be a better fit for the participant's needs.
2. **Quality Oversight:** In the same state, a manager ready to assess the participant's needs for conflict of interest to that supports and services are being provided in accordance with the person-centered plan.
3. **Steering:** A case manager may, due to unconscious bias, direct the participant towards or away from certain providers or services that limit the available pool of services.

WHY WILL RHODE ISLAND DO THIS?

1. Implement conflict-free case management participants starting January 2024.
2. Create uniform assessment and referral across HCBS providers.
3. Provide ongoing quality monitoring.
4. Continue to conduct all Medicaid HCBS state staff.

Medicaid Conflict-Free Case Management

Changes are coming to case management for people with disabilities, older adults, and people with intellectual and developmental disabilities.

1 What does this mean for me?

- Your case management services must be provided by someone who does not also deliver your direct support services.
- Case management is focused on you.
- Your case manager will help you find community supports so you can meet goals you have for your life.

2 Who will provide my case management?

- You will be able to pick a case management agency from a list provided by the State.
- If you do not pick an agency, one will be selected for you.

3 How does this affect me?

- For some people, case management will be a new service.
- Others may need to choose a new case management agency.

4 Why and when do things have to change?

- Federal law requires service providers to be separate from the case management role.
- The change will gradually start for most people in January 2024.
- You will be contacted before any changes are made.

For more information, please visit the Rhode Island Executive Office of Health and Human Services website ([Click here](#))



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Questions?

If you have any questions, please use one of the following options:

1. Chat function
2. Verbally (please use the “raise hand” function in Teams)
3. Email OHHS.LTSSNWD@ohhs.ri.gov.